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Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing    OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	960296.96579
	First Named Inventor	Teresa Compton
	<b>COMPLETE IF KNOWN</b>	
	Application Number	09/627,986
	Filing Date	July 28, 2000
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**HUMAN CYTOMEGALOVIRUS GLYCOPROTEIN O AS A DRUG TARGET AND  
SUBUNIT VACCINE CANDIDATE**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

July 28, 2000

as United States Application Number or PCT International

Application Number

09/627,986

and was amended on (MM/DD/YYYY)

n/a

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56

I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES      NO
n/a			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/146,180	July 29, 1999	

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION

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I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
n/a			

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name  Customer Number or label   
**OR**  
☒ List attorney(s) and/or agent(s) name and registration number below

Name	Registration Number	Name	Registration Number
Thomas W. Ehrmann	20,374	Joseph W. Bain	34,290
Barry E. Sammons	25,608	Robert J. Sacco	35,667
J. Rodman Steele	25,931	Jean C. Baker	35,433
Nicholas J. Seay	27,386	David G. Ryser	36,407
George E. Haas	27,642	Bennett J. Berson	37,094
Harvey D. Fried	28,298	Michael A. Jaskolski	37,551
Michael J. McGovern	28,326	Richard T. Roche	38,567
Carl R. Schwartz	29,437	Scott D. Paul	42,984
Gregory A. Nelson	30,577	Daniel G. Radler	43,028
Keith M. Baxter	31,233	Steven J. Wietrzny	44,402
John D. Franzini	31,356		

☐ Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

Please direct all correspondence to ☐ Customer Number or label  OR ☒ Fill in correspondence address below

Name	Jean C. Baker		
Address	Quarles & Brady LLP		
Address	411 East Wisconsin Avenue, Suite 2040		
City	Milwaukee	State	WI
Zip	53202-4497		
Country	USA	Telephone	(414) 277-5709
Fax	(414) 271-3552		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:		A petition has been filed for this unsigned inventor	
Given Name	Teresa	Middle Initial	n.m.i.
Family Name	Compton	Suffix e.g. Jr.	
Inventor's Signature	<i>Teresa Compton</i>		Date
			11/22/00
Residence: City	Madison	State	WI
Country	USA	Citizenship	USA
Post Office Address	620 Gilmore Street		
Post Office Address			
City	Madison	State	WI
Zip	53711	Country	USA
Applicant Authority			
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto			

Please type a plus sign (+) inside this box ☐

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any						A petition has been filed for this unsigned inventor							
Given Name	Mary			Middle Initial	T.	Family Name	Huber			Suffix e.g. Jr.			
Inventor's Signature	<i>Mary J. Huber</i>								Date	2/17/01			
Residence: City		Portland			State	OR	Country		USA		Citizenship	USA	
Post Office Address		1245 SW Grover, Apt. 207											
Post Office Address													
City	Portland			State	OR	Zip	97201		Country	USA		Applicant Authority	
Name of Additional Joint Inventor, if any						A petition has been filed for this unsigned inventor							
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.			
Inventor's Signature									Date				
Residence: City					State		Country				Citizenship		
Post Office Address													
Post Office Address													
City				State		Zip			Country			Applicant Authority	
Name of Additional Joint Inventor, if any						A petition has been filed for this unsigned inventor							
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.			
Inventor's Signature									Date				
Residence: City					State		Country				Citizenship		
Post Office Address													
Post Office Address													
City				State		Zip			Country			Applicant Authority	
Name of Additional Joint Inventor, if any						A petition has been filed for this unsigned inventor							
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.			
Inventor's Signature									Date				
Residence: City					State		Country				Citizenship		
Post Office Address													
Post Office Address													
City				State		Zip			Country			Applicant Authority	
Name of Additional Joint Inventor, if any						A petition has been filed for this unsigned inventor							
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.			
Inventor's Signature									Date				
Residence: City					State		Country				Citizenship		
Post Office Address													
Post Office Address													
City				State		Zip			Country			Applicant Authority	
Additional inventors are being named on supplemental sheet(s) attached hereto													